

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3532AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2009
NAME OF PROVIDER OR SUPPLIER HACIENDA ADULT CARE OF SPRING VALLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 5320 SHARON MARIE COURT LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 2/6/2009.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed for 6 total beds, 1 bed classified as Category 1 and 5 beds classified as Category 2.</p> <p>The facility has the following endorsement: Residential facility for persons with mental illnesses Residential facility which provides care to persons with Alzheimer's disease</p> <p>The census at the time of the survey was 4 Four sample resident files were reviewed and 3 employee files were reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified at the time of the survey.</p>	Y 000	<p><i>Acceptable POC</i> <i>4/24/09</i> <i>Heeger</i></p>	
Y 051 SS=C	<p>449.194(2) Administrator's Responsibilities-Designation</p> <p>NAC 449.194 The administrator of a residential facility shall:</p>	Y 051	<p>RECEIVED APR 06 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

C. Smith TITLE ADMINISTRATOR

(X6) DATE 4/1/09

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Y 051	Continued From page 1 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. This Regulation is not met as evidenced by: Based on observation, interview and record review on 2/6/09, the administrator failed to designate one or more employees to be in charge of the facility. Severity: 1 Scope: 3	Y 051	<u>Y051</u> a.) A List of Employees who will be in charge is now posted at the Home. b.) The List will be Permanently Displayed AND changed when staffing changes occur. (see Attachment #1) The Administrator will Monitor AND change List weekly. c.) Completed 2/15/09 <u>Y070</u> A.) Employees #1 & #2 have been enrolled in an 8 hour class to be held 3/27/09. b.) Employees Files will be Reviewed Every 6 Months To ensure Training Requirements are met. An Employee Checklist will be used To Monitor AND Determine if Recertifications are needed. (see Attachment #2)	
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by:	Y 070		

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Y 070	Continued From page 2 Based on record review on 2/6/09, the facility failed to ensure that 2 of 3 caregivers received eight hours of annual training (Employee #1 and #2). This was a repeat of the 1/8/08 State Licensure survey. Severity: 2 Scope: 3	Y 070	<u>Y070(Cont.)</u> The Administrator will Monitor For Compliance C.) Completed 3/27/09 (See Attachments #3, 4)		
Y 072 SS=D	449.196(3) Qualifications of Caregiver-Med re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on record review on 2/6/09, the facility failed to ensure that 1 of 2 caregivers had completed the required three hour medication management refresher training every three years	Y 072	<u>Y072</u> A.) Employee #2 has been enrolled in a 3 hour Med. Mgt. Course To be held on 3/27/09. B.) Employee Files will be Reviewed every 6 Months To ensure Training Requirements are Met. The use of the Employee Checklist (See Attachment #2) will Assist in Determining Re-Certifications. The Administrator will Monitor Compliance. C.) Completed 3/28/09 (Awaiting Certificates)		

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Y 072	Continued From page 3 (Employee #2). This was a repeat deficiency from the 1/8/08 State Licensure survey. Severity: 2 Scope: 1	Y 072	<u>Y101</u> A.) A New Employee Checklist is Now being USED THAT will be Completed in it's entirety prior To the Commencement of ANY New Employment (See Attachment # 2). Hire Date has been ADDED TO File B.) All New hires will have the New Checklist Completed before Employment begins. The Administrator will Complete these Checklists AND Review every 6 Months. C.) Completed 2/15/09.	
Y 101 SS=B	449.200(1)(b) Personnel File - date of hire NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (b) The date on which the employee began his employment at the residential facility. This Regulation is not met as evidenced by: Based on record review on 2/6/09, there was no hire date for 1 of 3 employees (Employee #3). This was a repeat deficiency from the 1/8/08 State Licensure survey. Severity: 1 Scope: 2	Y 101		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103	<u>Y103</u> A.) Employees #1 & #3 have been Scheduled For TB Testing on 3/26/09. B.) The Implementation	

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Y 103	Continued From page 4 This Regulation is not met as evidenced by: Based on record review on 2/6/09, the facility failed to ensure that 2 of 3 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #1 and #3) for the protection of 4 of 4 residents (Resident #1, #2, #3 and #4). This was a repeat deficiency from the 2/6/09 State Licensure survey. Severity: 2 Scope: 3	Y 103	<u>Y103 (Cont.)</u> OF MANDATORY Completion OF The New Hire Checklist (See Attachment #2) will Require Documentation of Employee TB Testing. The Administrator will Monitor Compliance. C) Completed Date 3/26/09	
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 2/6/09, the facility failed to ensure 1 of 3 caregivers met background check requirements (Employee #3). Severity: 2 Scope: 1	Y 105	<u>Y105</u> A) Background Checks have been conducted for Employee #3 AND The Personnel File is Scheduled For updating of Information on 3/27/09 B) The Implementation of New Hire Checklist (Attachment #2) will	
Y 152 SS=C	449.204(2) Insurance-BLC endorsement NAC 449.204	Y 152		

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Y 152	Continued From page 5 2. A certificate of insurance must be furnished to the Division as evidence that the contract required by subsection 1 is in force and a license must not be issued until that certificate is furnished. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the bureau before the effective date of a cancellation or nonrenewal of the policy. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure a current certificate of insurance was available. Severity: 1 Scope: 3	Y 152	be Followed in Monitoring This Requirement Prior To Employment. The Administrator will be Responsible for Monitoring Compliance. C.) Completed 2/15/09	
Y 177 SS=D	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse. This Regulation is not met as evidenced by: Tag 177 Based on observation, the facility failed to ensure the bathroom in the hallway was kept clean from dirt and refuse. Severity: 2 Scope: 1	Y 177	<u>Y152</u> A.) The Current Insurance Certificate was Located but was NOT AVAILABLE During Review. The Certificate Shows Coverage 6/1/08 - 6/1/09 B.) A File has been Created To Maintain Copies of All Important Group Home Documents Including Insurance	

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Y 207	Continued From page 6	Y 207	<u>Y152 (CONT.)</u> Certificate so that they can be readily accessible for review. (See Attachment #5) Administrator will be responsible for maintaining this file folder and compliance with mandatory insurance. C) Completed 2/15/09	
Y 207 SS=F	449.211(4)(b) Automatic Sprinklers-Annual Inspections NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC. This Regulation is not met as evidenced by: Based on record review on 2/6/09, the facility failed to have its automatic sprinkler system annually inspected. Severity: 2 Scope: 3	Y 207		
Y 250 SS=D	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.	Y 250	<u>Y177</u> A.) All Areas of the Home are clean and bathrooms have especially been targeted for cleaning throughout the day. B.) The staff have been instructed to visually inspect bathrooms after	

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Y 250	Continued From page 7 This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure the kitchen was kept clean and allow for the sanitary preparation of food. Severity: 2 Scope: 1	Y 250	<u>Y177 (CONT.)</u> Each Resident USE AND To Clean & Sanitize Area, when Applicable. The Administrator will Monitor For Compliance C) Completed 2/7/09	
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure menus were posted and kept on file for 90 days. Severity: 1 Scope: 3	Y 272	<u>Y207</u> A) A Fire Car was Called AND AN Inspection was Scheduled For 2/9/09. B) Quarterly AND ANNUAL Inspection CONTRACTS were Signed with A1 NAT'L. Fire Co. (See Attachment #6) Administrator will Monitor This Requirement C) Completed 2/9/09	
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to document any substitution on the menu	Y 274		

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Y 274	Continued From page 8 and keep on file for at least 90 days after the substitution occurs. Severity: 1 Scope: 3	Y 274	<u>Y250</u> A.) The Kitchen Area has been Scheduled For Deep Cleaning by outside help. This has been Scheduled For 2/10/09.	
Y 435 SS=C	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation on 2/6/09, the facility failed to ensure that 1 of 1 facility fire extinguishers were inspected annually. Severity: 1 Scope: 3	Y 435	B.) Employees have been instructed to clean kitchen thoroughly after each use to include cleaning of floor, tabletops, cabinets and appliances. The Administrator will be responsible for monitoring this compliance.	
Y 444 SS=D	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on observation on 2/6/09, the facility was unable to demonstrate how to test the smoke detectors. This was a repeat deficiency from the 1/08/08	Y 444	C.) Completed 2/10/09 <u>Y272</u> A.) New Menu Formats have been Developed (See Attachment #7) and will be updated weekly.	

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Y 444	Continued From page 9 State Licensure survey. Severity: 2 Scope: 1	Y 444	<u>Y272 (Cont.)</u> B) The Administrator will verify compliance. These Menu's will be completed each Sunday and posted for the week ahead. C) Completed 3/8/09	
Y 645 SS=C	449.2704(1)-(5) Rate Agreement NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility; 2. The schedule for payment; 3. The Services included in the basic rate; 4. The charges for optional services which are not included in the basic rate; and 5. The residential facility's policy on refunds of amounts paid but not used. This Regulation is not met as evidenced by: Based on record review on 2/6/09, the facility failed to provide a rate agreement for 3 of 4 residents (Resident #1, #3 and #4). This was a repeat deficiency from the 1/8/09 State Licensure survey. Severity: 1 Scope: 3	Y 645	<u>Y274</u> A) Employees Responsible For Preparation of Meals have been trained in the use of new Menu's and to utilize space provided to make substitutions. B) The new Menu Form (See Attachment # 7) allows space at bottom for daily meal substitutions. Administrator will monitor for compliance. C) Completed 3/8/09	
Y 859 SS=F	449.274(5) Periodic Physical examination of a resident	Y 859		

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Y 859	Continued From page 10 NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review on 2/6/09, the facility failed to ensure that 4 of 4 residents received an initial and/or annual physical (Resident #1, #2, #3 and #4). This was a repeat deficiency from the 1/8/08 State Licensure survey. Severity: 2 Scope: 3	Y 859	<u>Y4135</u> A.) A1 Fire Company has been Schedules To Inspect & Charge Fire Extinguishers ON 2/10/09 B.) The Company, A1 Fire, has been Contracted For Annual Inspections of Fire Extinguishers (See Attachment #8). The Administration will be in charge of Compliance And Monitoring The Requirement. C.) Completed 2/10/09	
Y 870 SS=F	449.2742(1)(a)(1)(2)(b)(c) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any	Y 870	<u>Y444</u> A.) STAFF have been TRAINED in The Testing OF Snake Detectors. B.) Monthly Test are Conducted on the 1st AND Documented (See Attachment #9)	

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NAME OF PROVIDER OR SUPPLIER HACIENDA ADULT CARE OF SPRING VALLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 5320 SHARON MARIE COURT LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 870	Continued From page 11 over-the-counter medications and dietary supplements taken by a resident. (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). This Regulation is not met as evidenced by: Based on record review on 2/6/09, the facility did not ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 4 of 4 residents residing in the facility for longer than six months (Resident #1, #2, #3 and #4). This was a repeat deficiency from the 1/8/08 State Licensure survey Severity: 2 Scope: 3	Y 870	<u>Y444 (Cont.)</u> B.) The Administrator is Responsible For Monitoring This Requirement. C.) Completed 3/1/09 <u>Y645</u> A.) A New Rate Agreement has been Completed (See Attachment # 10) B.) The New Rate Agreement will be Signed by All Residents AND Maintained in each Resident's File. These new Agreements will be part of Documentation Required for All Residents AND will be Monitored by The Administrator. C.) Completed 3/27/09		
Y 876 SS=C	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A	Y 876			

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Y 876	Continued From page 12 caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 2/6/09, the facility failed to ensure that an ultimate user agreement was obtained for 4 of 4 residents. This was a repeat deficiency from the 1/8/08 State Licensure survey. Severity: 1 Scope: 3	Y 876	<u>Y859</u> A) All Residents Are Scheduled For Annual Physical Exams. #1 Scheduled 3/30/09 #2 Scheduled 3/31/09 #3 Scheduled 4/15/09 #4 Scheduled 4/15/09 B) Annual Physicals will be Scheduled at least 3 Months prior to Anniversary Date (which will be Monitored Every 6 Months with help From Attachment #11) AND Monitored by the Administrator. C) Completion Date 4/15/09		
Y 878 SS=F	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 2/6/09, the facility failed to ensure that 4 of 4 residents received medications as prescribed (Resident #1, #2, #3 and #4).	Y 878	<u>Y870</u> A) Medication Reviews have been Scheduled with a Pharmacist For All Residents For 3/30/09		

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Y 878	Continued From page 13 Severity: 2 Scope: 3	Y 878	Y870 (Cont.) B.) Resident Medication Reviews will be Scheduled every 6 Months with the Pharmacist at Walgreen's Pharmacy. The Administrator will Monitor Resident Files and Schedule These Reviews AT LEAST 30 DAYS PRIOR TO 6 Month Anniversary. Administrator will be Responsible for Compliance.	
Y 883 SS=F	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the physician was notified for missed medications for 4 of 4 residents (Resident #1, #2, #3 and #4). Severity: 2 Scope: 3	Y 883	C.) Completed 4/1/09	
Y 890 SS=C	449.2744(1)(a)(1)-(4) Medication / Receipt Log NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery; (3) The name of the person who accepted the	Y 890	Y876 A.) The New Form "Ultimate USER Agreement" will be Completed For all Residents (See Attachment #12) B.) The Administrator will See that this New Agreement will be Signed by All New	

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Y 890	Continued From page 14 delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medications is removed from the facility or destroyed. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure a medication log for each medication received by the facility was available for 4 of 4 residents (Resident #1, #2, #3 and #4). Severity: 1 Scope: 3	Y 890	<u>Y876 (Cont.)</u> B) Residents as part of their Requirements prior to ADMITTANCE to the HOME. The Administrator will be Responsible for verifying these forms are Completed. C) Completion Date 4/10/09	
Y 898 SS=C	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review on 2/6/09, the facility failed to ensure the medication administration	Y 898	<u>Y878</u> A) Medication Management Classes have been Scheduled For all Staff. In-House Training has been Scheduled in the use of our New Medication Log that will outline instructions for Administering Prescription Drugs for each Resident. Scheduled For 3/15/09	

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Y 898	Continued From page 15 record (MAR) was accurate for 4 of 4 residents (Resident #1, #2, #3 and #4). Severity: 1 Scope: 3	Y 898	<u>Y 878 (Cont.)</u> B.) The Medication Log (See Attachment #13) will be utilized correctly to follow instructions listed for each medication administered to residents. The Administrator will be responsible for compliance with this requirement.	
Y 908 SS=B	449.2746(2)(a)-(f) PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review on 2/6/09, the facility did not ensure the medication record was complete for 2 of 4 residents receiving as needed (PRN) medications (Resident #3 and #4). Severity: 1 Scope: 2	Y 908	c.) Completed 3/15/09 <u>Y 883</u> A.) Staff will use the Medication Log "Legend" with an "R" for Refusal of Medication (See Attachment #13). They will initiate an Incident Report, as required, and contact resident's Doctor (See Attachment #14)	
Y 922 SS=F	449.2748(3)(a) Medication Labeling	Y 922		

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Y 922	Continued From page 16 NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician. This Regulation is not met as evidenced by: Based on observation on 2/6/09, the facility failed to ensure medications were plainly labeled for 3 of 4 residents (Resident #1, #2 and #4). Severity: 2 Scope: 3	Y 922	<u>Y 883 (Cont.)</u> B.) The Administrator has Developed the Above Referenced Forms To Address this Requirement. The Administrator will Check Medication Logs Daily And Verify No Refusals were Not Followed with an Incident Report. Administrator is Responsible. C) Completion Date 4/1/09	
Y 933 SS=B	449.2749(1)(d)(1)-(3) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services. (2) The method in which those services must	Y 933	<u>Y 890</u> A) Staff have been Trained in the use of the New Medication Logs (Received & Removal) B) These New Logs (See Attachments #15, #16) will be utilized For All Resident Medications Delivered	

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Y 933	Continued From page 17 be performed; and (3) A statement of whether the resident is capable of performing the required medical services. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to provide a statement from the resident's physician for 2 of 4 residents (Resident #3 and #4). Severity: 1 Scope: 2	Y 933	<u>Y890 (Cont.)</u> B.) or Picked-up AND when Removed for use. The Administrator will Monitor Compliance. C.) Completed 4/1/09 <u>Y898</u> A.) Staff have been Scheduled For Medication Mgt. Class that will ADDRESS the IMPORTANCE of Maintaining AN Accurate Record. Staff have been Trained in-house in the Correct use of our New Medication (MAR) Form (See Attachment # 13) B.) The Administrator will Check MAR Daily For each Resident To verify Compliance AND be Responsible For Compliance.	
Y 936 SS=D	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 2/6/09, the facility failed to ensure that 1 of 4 residents complied with NAC 441A.380 regarding tuberculosis (Resident #4) which affected all residents.	Y 936		

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Y 936	Continued From page 18 Severity: 2 Scope: 1	Y 936	<u>Y898 (con't)</u>	
Y 938 SS=B	449.2749(1)(g)(1) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident. This Regulation is not met as evidenced by: Based on record review on 2/6/09, the facility did not perform an evaluation on 1 of 4 residents for their abilities to perform the activities of daily living (ADL) upon admission to the facility (Resident #3). This was a repeat deficiency from the 1/8/08 State Licensure survey. Severity: 1 Scope: 2	Y 938	<u>Y908</u> C.) Completed 4/1/09 <u>Y908</u> A.) Medication Mgt. Classes To be attended by staff will help correct this deficiency. In-house Training of new forms (see Attachment # 13) B.) Administrator will verify Medication Logs are properly completed on a daily basis. Administrator will be responsible for compliance C.) Completed 4/1/09 <u>Y922</u> A.) Staff have been trained to refuse delivery or acceptance of any medication not plainly labeled.	

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Y 941	Continued From page 19	Y 941	<u>Y922 (Cont.)</u>	
Y 941 SS=C	449.2749(1)(h) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. This Regulation is not met as evidenced by: Based on record review on 2/6/09, the facility failed to have the rules of the facility signed by the administrator of the facility and 4 of 4 residents (Resident #1, #2, #3 and #4). This was a repeat deficiency from the 1/8/08 State Licensure survey. Severity: 1 Scope: 3	Y 941	B.) Administrator has Re-inforced the importance of Medication Labelling AND will verify ANY new Medications Received for Residents ARE plainly Labeled. Administrator will be Responsible For Compliance. C.) Completed 3/15/09	
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility NAC 449.2756 1. The administrator of a residential facility which	Y 999	<u>Y933</u> A.) Physician Statements will be Received During Annual Physicals that are Scheduled For each Resident (See Tag Y859) . #3 & #4 on 4/15/09. B.) Resident Admission Form (See Attachment # 17) (See Attachment # 18) Requires Statement From Physician AND will be Completed For each Resident	

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Y 999	Continued From page 20 provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure toxic substances were not accessible to the residents of the facility. Severity: 2 Scope: 3	Y 999	<u>Y933 (Cont)</u> B.) New Resident ADMITTANCE Forms will be Completed For each New Resident AND Assist Administrator in Complying with this Requirement. Administrator is Responsible ① Completed 4/1/09 <u>Y936</u>	
Y1035 SS=D	449.2768(1)(a)(1) Dementia Training 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes: (1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer's disease, and providing support for the members of the resident's family. This Regulation is not met as evidenced by:	Y1035	A) Resident #4 has been Scheduled For TB Test on 4/10/09. B) Administrator will Monitor Files on each Resident every 6 Months To Make Sure TB Testing is Current. Administrator is Responsible For Compliance. C) Completion Date 4/10/09 <u>Y938</u> A) Resident #3 will have Activity For Daily Living Placed in File As Required.	

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Y1035	Continued From page 21 Based on record review on 2/6/09, the facility failed to ensure that a minimum of 2 hours of training in providing care to a resident with any form of dementia was received within forty hours of hire by 1 of 3 employees (Employee #3). Severity: 2 Scope: 1	Y1035	<u>Y938 (Cont)</u> B) The New Checklist For Move-in Requirements (See Attachment # 19) will be completed for all new Residents. The Needs Assessment Section will address this Deficiency. Administrator will Monitor All Resident Files For Completeness & be Responsible For Compliance. C) Completion Date: 3/20/09 <u>Y941</u> A) Files are being update To include Signed Copies Of The "House Rules". B) Administrator will Include This Document With all New Hire Resident Packets and be Responsible For Compliance (See Attachment # 20)		

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3532AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/06/2009
NAME OF PROVIDER OR SUPPLIER HACIENDA ADULT CARE OF SPRING VALLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 5320 SHARON MARIE COURT LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
Y1035			<p>Y9411 (Cont)</p> <p>CD Completion Date: 4/1/09</p> <p>Y999</p> <p>A) The staff have Removed all Toxic Substances that may have been Accessible To The Residents AND placed in Locked Cupboards in Garage.</p> <p>B) Administrator will Make Sure that all Toxics are kept in the assigned area when not in use. Administrator will be Responsible for Compliance</p> <p>C) Completion Date: 3/20/09</p>		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3532AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/06/2009
NAME OF PROVIDER OR SUPPLIER HACIENDA ADULT CARE OF SPRING VALLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 5320 SHARON MARIE COURT LAS VEGAS, NV 89118		
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Y1035			<p><u>Y1035</u></p> <p>A) Employee #3 was given 2 hour TRAINING LATE AS hire DATE was 1/22/09. TRAINING completed.</p> <p>B) ADMINISTRATOR will utilize New Employee Checklist To verify COMPLIANCE AND Review every 6 Months To schedule any up-coming TRAINING Needs. (See Attachment #2)</p> <p>ADMINISTRATOR will be Responsible For Compliance.</p> <p>C) Completion DATE: 2/15/09</p>		

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